Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) NUMBER FILED NUMBER EXTRA RATE FEE FOR RATE FEE BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS minus 3 =OR (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR TOTAL \* If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY (Column 1) HIGHEST CLAIMS 4 PRESENT RATE REMAINING NUMBER RATE ADDI-ADDI-EN **TIONAL AFTER PREVIOUSLY EXTRA** TIONAL FEE FFF AMENDMENT PAID FOR Total Minus ENDMI X \$ (37 CFR 1.16(c)) OR Minus Independent (37 CFR 1.16(b)) = X \$ OR X \$ Σ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + \$ TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) HIGHEST CLAIMS  $\omega$ PRESENT RATE ADDI-RATE ADDI-REMAINING NUMBER **EXTRA** TIONAL TIONAL **PREVIOUSLY** AMENDMENT **AFTER** AMENDMENT FEE FEE PAID FOR Minus Total (37 CFR 1.16(c)) X \$ OR Independent (37 CFR 1.16(b)) Minus OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + \$ TOTAL TOTAL ADD'L FEE ADD'L FEE OR (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST PRESENT RATE ADDI-RATE ADDI-NUMBER REMAINING **EXTRA** TIONAL ENT TIONAL **PREVIOUSLY** AFTER FEE AMENDMENT PAID FOR FEE Total . (37 CFR 1.16(c)) Minus = AMENDM X \$ X \$ OR Independent (37 CFR 1.16(b)) Minus X \$ X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

ADD'L FEE

OR

ADD'L FEE

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

09765962

		CLAIMS AS	(Column 1) (Column 2)					SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			100,000					RATE	FEE	)   	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			minus 20=		k			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		*			X42=		OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+140=		OR	+280=	
* If the difference in column 1 is less than zero, e					r "O" in c	olumn 2		TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II								SMALL E	ENITITY	OR	OTHER SMALL	
П	(Column 1) CLAIMS		(Column					SMALL	ADDI-	UR I I	SMALL	ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	. 18	Minus	** 6	36	= ->		X\$ 9=		OR	X\$18=	
	Independent	.0	Minus	***	<u></u>	] <del>-</del>		X42=		OR	X84=	
لا	FIRST PRESE	NTATION OF M	JLIIPLE DEPI	ENDEN	CLAIM	<u></u>	J	+140=		OR	+280=	
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B	. #3	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 18	Minus	**	0	<b>=</b> .		X\$ 9=		OR	X\$18=	· ĵ
	Independent	* 3	Minus	***	3	=		X42=	-	OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDENT	CLAIM		J	+140=		OR	+280=	,
	•	· 4 ·	the state of the state of					TOTAL ADDIT, FEE	,	OR	TOTAL ADDIT. FEE	
•		(Column 1)		(Colu	mn 2)	(Column 3)		nduii, FES I		-		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	.18	Minus	**	$\mathcal{O}$	=	ا ا	X\$ 9=	;	OR	X\$18=	
AME	Independent	• 3	Minus	***	3		┇	X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEPI	ENDEN	T CLAIM		J	+140=	<u> </u>	'	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Produces Red For" IN TUIS SPACE is less than 20, enter "20"								TOTAL		OR OR	TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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